

TCHP Prescription Drug Plan

Medco is the new Prescription Drug Plan Administrator. The coverage provides both in-network and out-of-network benefits. Most drugs purchased with a prescription from a physician or dentist are covered. No over-the-counter drugs will be covered, even if purchased with a prescription. The Preferred Drug List is available from Medco and is subject to change at any time during the plan year. **Please review the Preferred Drug List and contact your physician to determine if a change in your prescription is appropriate.** To contact Medco, see page 11.

Annual Out-of-Pocket Maximum

For In-Network Benefits and the Mail Service Program, an annual out-of-pocket maximum of \$1,250 now applies. Out-of-network claims do not count towards the annual out-of-pocket maximum.

In-Network Benefits - When using the Prescription Drug Identification Card:

- No plan year deductibles; no claim forms to file.
- 20% coinsurance with minimum and maximum copayments (1 to 30-day supply):

Type of Prescription	Minimum	Maximum
• Generic	\$ 7.00	\$ 50.00
• Formulary Brand	\$14.00	\$100.00
• Non-Formulary Brand	\$28.00	\$150.00

- The maximum days supply available at one fill is 60 days. The copayment/coinsurance amount will double.
- When the pharmacy dispenses a brand drug for any reason, and a generic is available, the plan participant must pay the cost difference between the brand product and the generic product, plus the appropriate generic copayment/coinsurance amount.
- If only a brand drug is available, the appropriate brand copayment/coinsurance will apply.
- When the price of a prescription is lower than the copayment, the pharmacist will collect the lower amount.

When medication is purchased at an in-network pharmacy without presentation of the Prescription Drug Identification Card, you will be charged the full retail cost of the medication. The claim will be processed as if the prescription was filled at an out-of-network pharmacy (see Out-of-Network Benefits).

Out-of-Network Benefits

Prescription drugs may be purchased at out-of-network pharmacies. Reimbursement will be at the applicable brand or generic **in-network** price minus the appropriate in-network copayment/coinsurance amount. In most cases, the cost of the prescription drugs will be higher when not using in-network pharmacies. Prescriptions filled by an out-of-network pharmacy will require the completion of a claim form (available from Medco) and supporting documentation.

Mail Service Program

Maintenance medications are available through mail order:

- 20% coinsurance with minimum and maximum copayments (90-day supply):

Type of Prescription	Minimum	Maximum
• Generic	\$14.00	\$100.00
• Formulary Brand	\$28.00	\$200.00
• Non-Formulary Brand	\$56.00	\$300.00

Medco is working with Caremark to transfer current mail order prescriptions. However, certain prescriptions cannot be transferred. Therefore, you may need to obtain a new prescription from your doctor. If your prescription cannot be transferred to Medco from Caremark, you will be notified.

Coordination of Benefits

This Plan coordinates with Medicare and other group plans; the appropriate copayment/coinsurance will be applied for each prescription filled.

Exclusions

The Plan reserves the right to exclude or limit coverage of specific prescription drugs or supplies.